UNITED STATES ENVIRONMENTAL PROTECTION AGENCY – REGION 2 Division of Enforcement & Compliance Assistance – Air Compliance Branch (DECA-ACB) 290 Broadway – 21st Floor New York, NY 10007-1866

NOTIFICATION OF DEMOLITION AND RENOVATION

Operator Project	#	Postmark			Data Bassi			T		
					Date Received		Notifica		tion	
I. TYPE OF NOTIFICAT										
II. FACILITY INFORMA OWNER: Middletown Ca	pital LLC.,F	ify owner, re KMT associa	emoval contractites LLC., DBA I	tor, and ot Fort Knox s	her operator Self Storage)				
Address: 9-29 Canal Stre										
City: Middletown			State: NY				ZIP: 10940	1		
Contact: west Solloway							Tel: 570-228-1603			
REMOVAL CONTRACTOR:					16i. 570			<i>7-</i> 220-1603		
D.S.A. Services, Inc.	TV.									
Address: 100 Belchase Drive										
City:	City: Matawan			State:						
Contact:			NJ				077747 Tel:			
Anthony Frassetti								855		
OTHER OPERATOR: N/A										
Address:										
City:			State:				ZIP:			
Contact:			Section of the section is							
							Tel:			
III. TYPE OF OPERATION	l (D=Demolit	ion / R=Rend	ovation) R							
IV. IS ASBESTOS PRESE	NT2 (Vac /	No). V								
IV. IO AODESTOS FRESE	MIR (Tes)	<u>v</u> o): I								
V. FACILITY DESCRIPTION	N (Includin	g building n	ame, number a	and floor o	r room num	ber:				
Building Name:										
N/A										
Address: 9-29 canal Street										
Address:										
N/A City:			State:							
Middletown			New York			County:				
Site Location: 711 Third A	lve NY, NY									
Building Size:	Sq. Mete	er:	Sq Ft:	: 6000		# of Floo	ors: 3	Ag	e in Years: 57	-
Present Use: Commercial	Present Use: Commercial					Prior He	Prior Use: Commercial			
VI. PROCEDURE, INCLUDING ANALYTICAL METHOD, IF APPRO				DDIATE	U055 TO 5-					
OF ASBESTOS MATER	NAL:	HOAL MET	HOD, IF AFFRO	JPRIATE,	OSED TO DE	ETECT TH	E PRESENCE			
VII. APPROXIMATE OF RA	CM TO BE	REMOVED	AND NON-FRIA	RIFASR	ESTOS MAT	CDIAL TI	A T 18/11 1 110-			
AMOUNT OF ASBESTOS	BELOW:			DEL ASD	ESTOS MIATI	ERIAL IH	Non-friabl	F BE REMO e Asbestos	VED. SPECIFY Material	THE
				RACM	to be Remove	ad	No	t to be remo	oved	
Pipes – Linear Feet				85		Su	Category I		Category II	
Pipes – Linear Meters										
Surface Area – Square Feet				52000						
Surface Area – Square Me	ters									
Volume RACM off Facility	Component	- Cubic Fee	et							
Volume RACM off Facility	Component	- Cubic Me	ters							
VIII. SCHEDULED DATES	OF ASBE	STOS REMO	OVAL: (MM/C	DD/YY)	Start	 : 10/10/	16			
X. SCHEDULED DATES	OF DEMOL	ITION/REN	OVATION: (M	/M/DD/>>) Start:		10		tion: 8/31/17	
			(10) Start:			Completion	on:	

NOTIFICATION OF DEMOLITION AND RENOVATION (continued) X. DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK, AND METHOD(S) TO BE USED: N/A XI. DESCRIPTION OF WORK PRACTICES AND ENGINEERING CONTROLS TO BE USED TO PREVENT EMISSIONS OF ASBESTOS AT THE DEMOLITION AND RENOVATION SITE: XII. WASTE TRANSPORTER #1 Name: D.S.A. Services, Inc. Address: 800 East Elizabeth Avenue City: State: ZIP: Linden NJ 07036 Contact Person: Telephone: Anthony Frassetti 908-925-5855 **WASTE TRANSPORTER # 2** Name: Vandan Disposal, Inc. Address:1009 Glen Cove Ave City: Glean Head State: NY ZIP: 11545 **Contact Person:** Telephone: Mark Tabor 718-991-2828 XIII. WASTE DISPOSAL SITE Name: Minerva Enterprises Address: 9000 Minerva Drive South/West City: State: ZIP: Waynesburg Ohio 44688 Telephone: (330) 866-3435 XIV. IF DEMOLITION IS ORDERED BY A GOVERNMENT AGENCY, PLEASE IDENTIFY THE AGENCY BELOW Name: Title: N/A Authority: Date if Order (MM/DD/YY): Date Ordered to Begin (MM/DD/YY): XV. FOR EMERGENCY RENOVATIONS Date and Hour of Emergency (MM/DD/YY): Description of the Sudden, Unexpected Event: Explanation of How the Event caused Unsafe Conditions or Serious Disruption of Industrial Operation: XVI. DESCRIPTION OF PROCEDURE TO BE FOLLOWED IN THE EVENT THAT UNEXPECTED ASBESTOS IS FOUND OR PREVIOUSLY NON-FRIABLE ASBESTOS BECOMES CRUMBLED, PULVERIZED, OR REDUCED TO POWDER. XVII. I CERTIFY THAT AN INDIVIDUAL TRAINED IN THE PROVISIONS OF THE REGULATION (40CFR PART 61 SUBPART M)
WILL BE ONSITE DURING THE DEMOLITION OR RENOVATION AND EVIDENCE THAT THE REQUIRED TRAINING HAS
BEEN ACCOMPLISHED BY THIS PERSON WILL BE AVAILABLE FOR INSPECTION DURING NORMAL BUSINESS HOURS. (Required 1 year after promulgation).

Signature of Owner/Operator XVIII. TCERTIFY THAT THE ABOVE INFORMITION IS CORRECT.

Signature of Owner/Operator